PART B - FEE(S) TRANSMITTAL

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| BIRMINGHAM, N | ЛІ 48009 | | | | Lindsey For July 21, 29 | TOTTICE | (Depositor's name) (Signature) (Date) | |
| APPLICATION NO. FILING DATE FIRST NAMED INVE | | | | D INVEN | TOR | ATTORNEY DOCKET NO | CONFIRMATION NO. | |
| 10/790,964 | 03/02/2004 | Franklin T. Nakase | | | one | 67167-002; 5863-03 | 2137 | |
| TITLE OF INVENTION: FRONT LOADING LOCK ASSEMBLY | | | | | | | | |
| | | | | | | /2006 CKGUYENI 00000i | 162 10790964 | |
| | | | | I | 01 FC | 4554 | 1488 88 00 | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | | PU | JBLICATION FEE | TOTAL FEE(S) DUE | ប្រម្នង គ្នាប្រជុំ ប្រាស្ត្រ គ្នាប្រជុំ ប្រាស្ត្រ គ្នាប្រជុំ ប្រាស្ត្រ គ្នាប្រជុំ ប្រាស្ត្រ គ្នាប្រជុំ ប្រាស្ត្ | |
| nonprovisional NO \$140 | | | | \$300 | \$1700 1 | 08/16/2006 | | |
| EXAM | ART UNIT | | C | LASS-SUBCLASS | J | | | |
| BARRETT, SUZANNE LALE DINO 36 | | | | | 070-375000 | | | |
| Change of correspondence address or indication of "Fee Address" (37 LFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys | | | | | | | | |
| Change of correspond Address form PTO/SB/1 | or agents OR, alternatively, | | | | | | | |
| "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | | |
| ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) | | | | | | | | |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. | | | | | | | | |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | | |
| Newfrey, LLC Newark, DE | | | | | | | | |
| Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🔀 Corporation or other private group entity 🗀 Government | | | | | | | | |
| a. The following fee(s) are | enclosed: | 4b | . Payment of | | | | | |
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| a. Applicant claims S | (from status indicated above MALL ENTITY status. See | 37 CFR 1.27. | | | | LL ENTITY status. See 37 | | |
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| Authorized Signature | | | | Date July 21, 2006 | | | | |
| Typed or printed name Matthew L. Koziarz Registration No. 53,154 | | | | | | | | |
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